CARRIER NAME & NAIC #:						
Affiliated Company Name(s):						
Please refer to the Instructions to dete	rmine Net Earned Premiu	m and for allowe	ed exclusions.	<u>.</u>		
			Total Health Insurance Premiums			
Type of Reporting Entity	Ref to Annual Statement	Individual	Group	Stop Loss	Other	Total
Life Companies Net Premiums Earned	Page 25, NJ, Col 2 lines 24-26:					
Property & Casualty Companies Net Premiums Earned	Page 20, NJ, Col 2 lines 13, 15.1-15.4, 15.6-15.7:					
Health Companies Net Premiums Earned	Page 30. NJ line 15:					
Total Health Insurance Premium						

LESS: Allowable exclusions (below) – Please show excluded amounts in the total column only—			
Stop Loss (as defined in Net Earned Premium)			
Medicare Advantage premium from Federal Government (do not exclude			
Medicare Advantage premium from Insureds)			
Self-Funded Arrangements			
Accidental Death & Dismemberment			
Credit Disability			
Dental (only exclude premium on policies sold separately)			
Vision (only exclude premium on policies sold separately)			
Prescription Drug (only exclude premium on policies sold separately)			
Long Term Care			
Disability Income			
Hospital Indemnity			
Short Term Travel			
Specified Disease (Indemnity)			
Accident (Indemnity)			
Limited Benefit (Indemnity)			
Federal Employee Health Benefits Act Premium			
Other exclusion not specified (specifically refer to the Law that allows the exclusion)			
Total Deductions/Exclusions			
NET EARNED PREMIUMS			